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Applicant: CARTER, Charles H., Jr. Group/Art Unit: 2644
Application No.: 09/826,503 Examiner: Graham, Andrew R.
Filed: April 5, 2001 Confirmation No. 7883
Title: METHOD FOR ACOUSTIC TRANSDUCER CALIBRATION
Docket Date December 7, 2005

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Transmittal Form - 1 page
Notice of Appeal - 1 page, with authorization to charge fee

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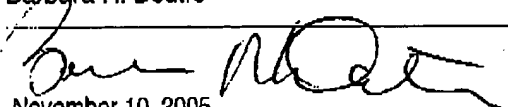
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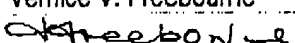
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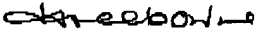

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Filing Date	April 5, 2001
		First Named Inventor	Charles H. Carter, Jr.
		Group Art Unit	2644
		Examiner Name	Andrew R. Graham
Total Number of Pages in this Submission	3	Attorney Docket Number	CM03024J

ENCLOSURES		(check all that apply)
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 and 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer Request for Refund <input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below) Fax Transmittal Sheet

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Barbara R. Doutre	Registration No.	39,505
Signature			
Date	November 10, 2005		

CERTIFICATE OF TRANSMITTAL/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to facsimile number 571-273-8300 or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Mail Stop AF Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:			
Typed or printed name	Vernice V. Freebourne		
Signature		Date	November 10, 2005

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number CM03024J
I hereby certify that this correspondence is being facsimile transmitted to the United States Postal Service (571-273-8300) on November 10, 2005 Signature  Typed or printed name Vernice V. Freebourne	In re Application of Charles H. CARTER Jr.	
	Application Number 09/826,503	
	Filed April 5, 2001	
	Art Group 2644	
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ <u>500.00</u> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____ <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a Fee Transmittal in duplicate. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any over payment to Deposit Account Number 502117, Motorola, Inc. This document is enclosed in duplicate. <input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96) <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>39,505</u> <input type="checkbox"/> Attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____  Signature <u>Barbara R. Doutre</u> Typed or printed name <u>(954) 723 - 6449</u> Telephone number <u>November 10, 2005</u> Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. <input checked="" type="checkbox"/> * Total of <u>3</u> forms are submitted.		

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